

thus dated: Surgeon, December 27th, 1850; Staff-Surgeon, August 10th, 1860; Fleet Surgeon, September 21st, 1871; and Deputy-Inspector-General on retirement, July 1st, 1879.

ARMY MEDICAL STAFF.

The following is the list of successful candidates for commissions in the Medical Staff of Her Majesty's army at the recent examination in London:

	Marks.		Marks.
Smith, L. F.	2,580	Maurice, G. T. K.	2,172
Fairrie, S. H.	2,410	Gunter, F. E.	2,077
Blackham, R. J.	2,352	Campbell, J. H.	1,819
Forrest, J. V.	2,245	Grech, J.	1,761
Grattan, H. W.	2,185	Dee, P.	1,756
Fawcett, R.	2,175	O'Leary, E. G. E.	1,611

Surgeon-Colonel W. C. ROBINSON retires on retired pay, February 27th. He was appointed Assistant Surgeon, January 19th, 1860; Surgeon, March 1st, 1873; Surgeon-Major, April 1st, 1875; Brigade-Surgeon, May 12th, 1886; and Surgeon-Colonel, December 27th, 1891. He served in the Abyssinian war in 1868, and received the medal granted for that campaign.

The promotion of Surgeon-Lieutenant-Colonel C. H. SWAYNE, which was notified in the *Gazette* of November 13th last, is antedated to August 21st, 1894.

Sergeant-Major WILLIAM JAMES BLACKMAN, Medical Staff Corps, is appointed Quartermaster, with the honorary rank of Lieutenant, vice Honorary Captain F. Tighe, retired, February 27th.

INDIAN MEDICAL SERVICE.

The following is the list of successful candidates for commissions in Her Majesty's Indian Medical Service at the recent examination in London:

	Marks.		Marks.
J. Stephenson	3,104	R. F. Standage	2,250
F. N. Windsor	2,811	F. L. Blenkinsop	2,229
P. F. Chapman	2,796	T. E. Watson	2,155
W. B. Turnbull	2,779	H. A. F. Knapton	2,118
A. Hooton	2,678	C. G. Webster	2,004
J. M. H. Macleod	2,653	A. A. Gibbs	1,964
E. E. Waters	2,518	A. Moore	1,963
A. Leventon	2,487	G. E. Bensley	1,962
A. F. W. King	2,374	E. M. Illewicz	1,959

Surgeon-Lieutenant-Colonel A. B. SEAMAN, Bengal Establishment, has been promoted to be Brigade-Surgeon-Lieutenant Colonel from October 22nd, 1894. He entered the service as Assistant-Surgeon October 1st, 1869, and became Surgeon-Lieutenant-Colonel, October 1st, 1889. He was in the Afghan war in 1879-80 (medal); with the Burmese Expedition in 1885-86, including the capture of Minhla (medal, with clasp); and with the Lushai Expedition in 1889 as Principal Medical Officer to the force (mentioned in despatches).

The retirement of the undermentioned officers of the Bengal Establishment, which has been already announced in the *BRITISH MEDICAL JOURNAL*, has received the approval of the Queen: Brigade-Surgeon-Lieutenant-Colonel J. B. GAFFNEY, Surgeon-Lieutenant-Colonel A. McM. PATERSON, and Surgeon-Lieutenant-Colonel H. P. YELD.

Surgeon-General JOHN JAMES CLARKE, M.D., Retired Bengal Establishment, of Vernon Terrace, Brighton, died on February 23rd, suddenly, while on a visit at Leura, Toorak, Melbourne. He entered the Indian Medical Service as an Assistant-Surgeon, May 14th, 1853, and became Deputy Surgeon-General, April 20th, 1879. He retired with the honorary rank of Surgeon-General, January 14th, 1884. During the Indian Mutiny in 1857-58, he was with the artillery, under Generals Havelock, Outram, and Neill, and was present at the actions at Bithoor, Mungarwar, Alumbagh, the first relief and defence of the Residency of Lucknow, the engagements at the Alumbagh, under General Sir James Outram, and the capture of Lucknow under Lord Clyde. He also took part in the operation in Oudh (mentioned in despatches; medal with two clasps; one year's service for Lucknow). He served in the Akha expedition in 1883-84 as Principal Medical Officer, and was mentioned in despatches. Surgeon-General Clarke was awarded a good service pension in 1882.

THE VOLUNTEERS.

The undermentioned gentlemen are appointed Surgeon-Lieutenants to the corps specified, dated February 27th: LOUIS WALLTER ALFRED KEIFFENHEIM-TRUBRIDGE, M.D., 3rd Kent (Royal Arsenal) Artillery; HENRY GEORGE OUTRAM COLLETT, 1st North Riding of Yorkshire Artillery (Western Division Royal Artillery); ALEXANDER MACDONALD, M.B., and CLAUDE BUCHANAN KER, M.B., The Queen's Rifle Volunteer Brigade the Royal Scots (Lothian Regiment); GEORGE REUBEN ROBINS PAINE, 4th Volunteer Battalion the Hampshire Regiment.

Surgeon-Captain E. L. FREER, 1st Volunteer Battalion the Royal Warwickshire Regiment, is promoted to be Surgeon-Major, February 27th.

VOLUNTEER MEDICAL ASSOCIATION.

At the last quarterly meeting of the Council of this Association the date of the next Challenge Shield competition was fixed for Saturday, June 15th, and certain alterations were made in the conditions, particulars of which can be obtained from one of the secretaries, by the teams proposing to compete. The date of the annual dinner was fixed for April 24th, and a small subcommittee was appointed to carry out the arrangements. The Hon. Secretary reported that several members of the Association had written, complaining of the new regulation withdrawing the Red Cross badge from regimental bearers, and substituting a brassard to be worn only when actually employed on ambulance work, and asking the Council to make a representation on this matter. The Council, however, could not but recognise that the wearing of this badge by men in the ranks was virtually an infringement of the Articles of the Geneva Convention, and that, therefore, the present regulation was necessary in order that the Red Cross might continue to serve as a protection to non-combatants on active service.

ASSISTANT-SURGEONS BRANCH SUBORDINATE MEDICAL DEPARTMENT.

The Government of India have recently had under consideration the question of the revision of the strength of the Military Assistant-Surgeon Branch of the Indian Subordinate Medical Department in the three presidencies. Owing, however, to existing financial depression it has finally been decided not to increase the strength.

SEWAGE AT ALDERSHOT.

CIVILIAN writes: A strong suspicion hangs over the water with which the troops at Aldershot are supplied, and it is well known that the sewage, at any rate of the North Camp, is disposed of in a most dangerous and inefficient manner, running into a sewage farm which would be much more accurately described as a sewage marsh. Under these circumstances it would be wrong to shirk raising the question why, in a camp the sole function of which is that it may be a camp of exercise, there should be any sewage at all. In actual warfare the greatest pains would be taken to dispose of the excreta in such a manner as not to injure health. This, however, would not be done by means of drains and sewers; latrines would be established, and part of the daily duty of the soldiers would be the trenching of their contents and covering it with earth. A practical knowledge of this process, by which alone a camp can be kept sweet, is of absolute importance for the successful conduct of a campaign, and should be as practically taught in a camp of exercise as is every other form of drill. The production of sewage in a military camp is not only a sanitary evil, but it is a proof that the troops are not being trained in the actualities of warfare.

EXAMINATION FOR PROMOTION.

A CORRESPONDENT sends us the questions on hygiene at the recent examination of medical officers for the rank of surgeon-major, and asks our opinion on Nos. 2 and 6 as follows:

2. A body of men, each carrying 100 lbs. weight, do a daily march of fifteen miles over an undulating country at the rate of three miles an hour; express the work they each do in foot-tons, and state in terms of water-free alimentary elements what should be their daily diet.

6. What are the chief causes of mortality on home service? Contrast the death-rate per 1,000 from phthisis and continued fever (zymotic) in the army at home with civil population.

. Our correspondent has evidently a very flattering opinion of our wisdom, impartiality, and even discretion in asking us to decide on the questions propounded. A decided expression of opinion, according as we hold to one side or the other, would pretty surely be construed as savouring of presumption or prejudice. Nevertheless, we may venture on a non-expert and merely common-sense view of such questions forming a basis of fitness for promotion. Broadly, we disbelieve in the utility of all recondite examinations "for promotion;" it is a Chinese system, we believe—and what the result in war! It is the experience of all capable of judging that the truly efficient, resourceful, tactical, popular, and generally successful army medical (or other) officer can no more be found out by formula and statistics than can the capable workman or merchant. We would ask, Do the very men who propound such questions as No. 2 themselves carry the formula needed for an answer in their own heads? Would they not, in writing of such matters, for the sake of accuracy, refer to worked-out data? We quite agree with our correspondent that promotion examinations should be absolutely practical.

THE PLAGUE AT HONG KONG.

A CORRESPONDENT sends us a cutting from the *Western Morning News*, some short time back, wherein, in a letter to the editor, surprise is expressed that, while the admirable behaviour of the line regiment and of the Royal Engineers, during the terrible plague epidemic, is freely and deservedly extolled, all mention of the Royal Artillery and the medical officers is left out. Yet there was no difference in the services rendered by these bodies of men. The letter states in regard to the medical officers: "Perhaps what is looked upon as being the utmost heroism when attempted by laymen, and as such is considered worthy of being placed on record, and rewarded by nothing less than the presentation of gold and silver medals, silver plate, cups, shields, etc., is considered only the daily routine duty of the members of the medical profession, and therefore hardly worthy of public recognition."

Apròpos of this comment, our correspondent instances how, about ten years ago, an army medical officer was, by garrison orders, placed in charge of a civilian cholera hospital camp at Gibraltar, in which he did duty for nearly eight weeks, in addition to his usual military occupations. When the epidemic was over, a big breakfast was given to the Sanitary Commissioners at Government House, but the said medical officer was not invited; and, when he applied for some extra remuneration for his services, it was declined upon the most shuffling pretexts.

. We are afraid self-sacrifice on the part of the medical profession obtains scant recognition anywhere.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.

The Influenza.—Mr. SHAW LEEFVRE, in answer to Mr. AIRD, who asked whether the Government were taking any steps to investigate the cause of, and also to suggest remedies for dealing with, the epidemic of influenza, said inquiries with reference to influenza were instituted by the Local Government Board in 1890-91 and 1892-3. The results of those inquiries were given in two reports which had been presented to Parlia-

ment. Those reports dealt with the disease in reference to its history, and also statistically, clinically, pathologically, bacteriologically, and administratively as regards measures of prevention. In January, 1892, a memorandum was issued by the Board as to the precautions advisable at times when epidemic influenza threatened or was prevalent, and the Board saw no reason to vary the recommendations which were then made. — Mr. AIRD further suggested that the memorandum should again be circulated, not only in the metropolis but in those districts where the epidemic prevails. — Mr. SHAW LEFEBVRE said he would see whether that could be done.

MEDICO-LEGAL AND MEDICO-ETHICAL.

CO-OPERATION WITH QUACKS.

SARCOMA.—There can be no question that by every rule of professional etiquette, co-operation with a quack by a medical practitioner is absolutely forbidden, and any medical man violating this rule does so at his peril, and may involve himself in serious liabilities. Our correspondent should therefore refuse to have anything to do with the medical attendance on this patient so long as the services of the quack are retained, for it is obvious that the prescribing of sedative medicines with the full knowledge that improper operative measures are being adopted at the same time can be nothing less than a tacit sanction of this mode of treatment.

ASSISTANTS AND RIVALRY.

A. T. S.—In view of the general moral principle which is reasonably assumed to govern the temporary relations between practitioners and their assistants, it is not a little difficult to reply to our correspondent's question. Assuming, however, that he, as alleged, relinquished his assistantship on account of the excessive nightwork, and not in consequence of the impending necessity to sign the customary restrictive bond; and looking, moreover, at the improbability that in so short a period as three and a-half months he (the assistant) could effect other than a transient favourable impression on the patients which could not fail to be more or less effaced after an absence of two years and a-half, we are inclined to the opinion that, in commencing independent practice in the town referred to, it would, under the exceptional and contingent circumstances, be regarded as a venial breach of the ordinary rule. At the same time, we give this opinion with much hesitation, and therefore if our correspondent entertains any doubt whatever as to the moral honesty of his contemplated proceeding, we would advise him to take counsel of his infallible innate mentor, "conscience," and be guided thereby.

"TOUTING" FOR PATIENTS.

A GENERAL PRACTITIONER.—We have repeatedly condemned touting for patients on the part of the London and Manchester Assurance Company and other medical aid societies. It is contrary to all rules of medical etiquette, and it is the duty of members of the profession to discountenance such practices in every possible manner, and to do their utmost to prevent the agents of such societies from using their names for so reprehensible a purpose. Our correspondent complains of the "twopence per week" for medical attendance; it is, in truth, little enough, but he must be aware that the usual club rate throughout the country is only one penny per week, so that if the rate he quotes were universal it would be a substantial increase on the present rate of payment in the case of most benefit societies. It is to be hoped that in the future there will be less division in the ranks, and better combination among medical men, as it is only by this means that they will be able to make better terms with the public, and to gain a suitable remuneration for their services.

DIPHTHERIA IN GENERAL HOSPITALS.

THEMIS writes: A. is a general practitioner in a country town, the senior member of the local hospital staff, and a member of the Sanitary Committee of the town. B. is a general practitioner in the same town, and is also medical officer of health. B. is sent for to visit a child, and finds it suffering from laryngeal obstruction, due to membranous croup or diphtheria, and requiring tracheotomy. B. consults the hospital staff as to its admission for operation, and A., who acts for the staff, and whose partner has seen the case, agrees to its admission, with the proviso that if it turns out undoubted diphtheria, B. should bear the responsibility of admitting an infectious case to the hospital. To this B. consents, it being understood by all that it is probably an infectious case. The case is admitted with all isolation precautions, and operated on by A.'s partner, and subsequently dies, the complication of pneumonia being present. The death certificate is signed "Diphtheria."

At the next meeting of the Sanitary Committee A. gets up and protests against the medical officer of health sending an infectious case into a general hospital; notwithstanding the medical officer of health has privately informed him that the operation could not have been done at home or at the infectious hospital, owing to the want of proper nursing facilities at both places.

1. Is A.'s action in harmony with medical etiquette?

2. Should not A. either have refused the admittance of the case, or withheld his protest after?

. We are not told how far the isolation was carried, nor whether there was any proper isolation hospital available as an alternative to the general hospital, nor whether A. has been asked for, or has given, any explanation of the apparent inconsistency of his action in the matter; but if we limit our view to the facts as stated by "Themis," there can be no hesitation in giving an affirmative answer to both questions.

ADVERTISING DENTISTS AND ANÆSTHETISTS.

REX.—1. The dentist in question appears to be duly qualified, and there is nothing in his advertisement contrary to the recent pronouncement of the General Medical Council. It may, however, offend against the by-laws of the College which granted him his diploma, and on this point our correspondent would do well to communicate with the Secretary of the College. As the dentist is qualified, it cannot be a "penal offence" for a medical man to give chloroform to one of his patients. 2. It is undoubtedly against the ethics of the profession for a medical practitioner "to bribe a lodge of Oddfellows to elect him their surgeon," but is "Rex" sure of his facts?

BAD CORRESPONDENTS.

DISGUSTED sends us an account of two cases in which patients under his charge subsequently removed to other towns. "Disgusted" referred the patients to medical men practising in these towns. In both instances he wrote to these medical men (to one twice) but did not receive any reply from either. He considers he has been treated with gross incivility.

. Such an occurrence must be, we imagine, very exceptional, and we would fain hope that the apparent incivility is in both instances due to an oversight.

MEDICAL HANDBILLS.

MEM. BRIT. MED. ASSOC.—We are glad to hear these handbills have been discontinued, as such a practice is opposed to all rules of professional decorum. We are sorry to learn our correspondent has observed similar conduct in other practitioners, but trust that in future he will not take the conduct of such men as a guide to his own.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF DUBLIN.

At the Spring Commencements in Hilary Term, held (according to custom) on Shrove Tuesday, February 26th, in the Theatre of Trinity College, the following licences and degrees in Medicine were conferred by the University Caput in the presence of the Senate:

Licentiat in Medicinâ, in Chirurgiâ, et in Arte Obstetricâ.—W. R. Davy, A. H. Middleton.
Baccalareus in Medicinâ—J. R. Mallins.
Baccalareus in Medicinâ, in Chirurgiâ, et in Arte Obstetricâ.—W. Asres, A. A. Cooper, F. R. Cosgrave, H. A. Engelbach, H. F. S. Langstaff, C. J. Martin, Rev. H. C. Packard.
Doctores in Medicinâ.—H. Croly, A. V. Geoghegan, W. Hamilton, R. M. Hewitt, C. B. Scott, A. E. Taylor.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

FELLOWSHIP EXAMINATION.—The following gentlemen, having passed the necessary examination, have been admitted Fellows of the College: R. B. McCausland, G. E. Penrose, and H. Stoker.

ANATOMICAL PRIZES FOR STUDENTS.—The Royal College of Surgeons in Ireland announces that two Barker Anatomical Prizes of the value of 25 guineas each are offered for competition this year, and are open to any student whose name is on the anatomical class list of any school in the United Kingdom. One prize will be allotted to a dissection of the kidneys as seen from behind, special value being attached to the exhibition of the surgical relations. The other prize will be given for a dissection of the rectum as seen from behind, special value being attached to the exhibition of the relations of the bowel in connection with the operation of removing it by the trans-sacral method. The preparations must be received by the Curator of the Museum before June 1st, 1895, and from him full particulars can be obtained.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, February, 1895.—The following candidates passed in:

Surgery.—L. M. Breton, St. Thomas's; W. J. Gillespie, St. Bartholomew's; D. W. Jones, Charing Cross; S. E. Price, London; H. Roberts, St. Mary's; W. Sutcliffe, Birmingham; and M. M. Townsend, King's.
Medicine, Forensic Medicine, and Midwifery.—A. F. Blake, London; W. Mettam, Sheffield; and H. H. Thomas, Charing Cross.
Medicine and Forensic Medicine.—W. E. Bremner, King's; and R. Keatinge, London.
Medicine and Midwifery.—H. G. C. Hardwick, St. Thomas's.
Medicine.—H. Roberts, St. Mary's.
Forensic Medicine and Midwifery.—S. S. Wallis, Guy's.
Forensic Medicine.—J. C. G. Reed, Guy's; and G. Lowsley, St. Bartholomew's.
Midwifery.—A. H. Wade, St. Bartholomew's.
To Messrs. Jones, Keatinge, Mettam, Price, Roberts, and Sutcliffe was granted the diploma of the Society, entitling them to practise Medicine, Surgery, and Midwifery.

INDIA AND THE COLONIES.

INDIA.

At a meeting of the Bengal Legislative Council on February 17th Mr. J. A. Bourdillon introduced a Bill for the segregation and control of pauper lepers.

NEW SOUTH WALES.

There are now 40 patients suffering from leprosy on the lazaretto at the Little Bay Co-st Hospital near Sydney.